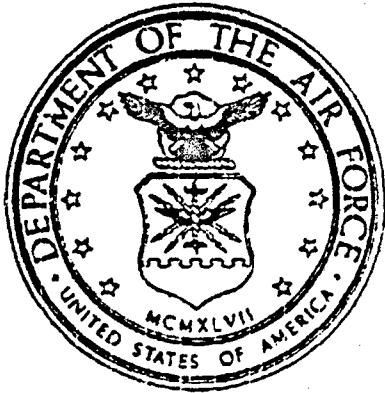
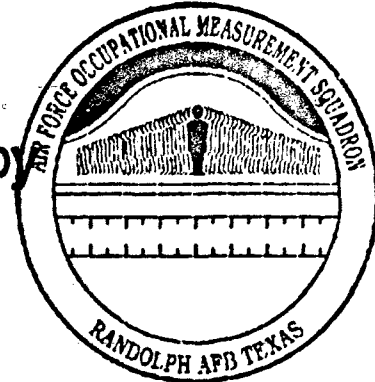


Defens. Techn. Training



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UNITED STATES
AIR FORCE



OCCUPATIONAL SURVEY REPORT

OCCUPATIONAL THERAPY

AFSC 4J0X1

AFPT 90-4J0-084

SEPTEMBER 1996

19961017 073

OCCUPATIONAL ANALYSIS PROGRAM
AIR FORCE OCCUPATIONAL MEASUREMENT SQUADRON
AIR EDUCATION and TRAINING COMMAND
1550 5th STREET EAST
RANDOLPH AFB, TEXAS 78150-4449

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PREFACE

This report presents the results of an Air Force occupational survey of the Occupational Therapy (AFSC 4J0X1) career ladder. Authority for conducting occupational surveys is contained in AFI 36-2623. Computer products used in this report are available for use by operations and training officials.

Captain Callie J. Molloy, Inventory Development Specialist, developed the survey instrument. Captain Shannen M. Batchelor, Occupational Analyst, analyzed the data and wrote the final report. 1Lt Sheon H. Mendoza provided computer programming support, and Mr. Richard G. Ramos provided administrative support.

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel. Additional copies are available upon request to the Air Force Occupational Measurement Squadron, Attention: Chief, Occupational Analysis Flight (OMY), 1550 5th Street East, Randolph AFB Texas 78150-4449 (DSN 487-6623).

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SUMMARY OF RESULTS

1. Survey Coverage: The Occupational Therapy (AFSC 4J0X1) career ladder incumbents were surveyed to obtain current task data for use in examining training programs. Survey results are based on responses from 35 members worldwide. This represents 67 percent of the assigned population and 71 percent of eligible members.
2. Career Ladder Structure: Structure analysis identified three independent jobs (IJ): Mental Health IJ, Physical Disabilities IJ, and Supervisory IJ.
3. Career Ladder Progression: Personnel in the AFSC 4J0X1 career ladder follow a typical career progression pattern. The inexperienced personnel perform technical tasks and the more experienced personnel act as managers and supervisors.
4. Training Analysis: A match of survey data to the AFSC 4J0X1 Specialty Training Standard (STS) showed the survey data supports the STS very well. Career ladder functional managers and training personnel should still carefully review the STS data included in this report in case future revisions of training documents are warranted.
5. Job Satisfaction Analysis: Overall, AFSC 4J0X1 members are very satisfied with their jobs, as are members of a comparative sample of medical career ladder personnel. Job satisfaction data for members of specific career ladder jobs shows that most job members are satisfied with their work.
6. Implications: The current AFSC 4J0X1 career ladder job structure is similar to the job structure identified in the 1990 OSR. The AFMAN 36-2108 *Specialty Descriptions* accurately describe the jobs and tasks personnel at all skill levels perform, and job satisfaction is high for identified jobs. The training document analysis identified no unsupported STS items. Training personnel and career ladder functional managers should still review the STS to ensure it is complete and appropriate.

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**OCCUPATIONAL SURVEY REPORT (OSR)
OCCUPATIONAL THERAPY
AFSC 4J0X1**

INTRODUCTION

This is an AF Occupational Measurement Squadron OSR of the Occupational Therapy (AFSC 4J0X1) career ladder. This survey, completed in 1996, is intended to update the current data base, and to identify any changes that may have taken place since the last survey in 1990.

Background

The AFMAN 36-2108 *Specialty Description* for this career field states that members assist occupational therapists to plan therapeutic activity programs to rehabilitate patients with physical and psychosocial dysfunction. They also manage occupational therapy activities and resources.

SURVEY METHODOLOGY

Inventory Development

The data collection instrument for this occupational survey was USAF Job Inventory (JI) AFPT 90-4J0-084, dated September 1995. A tentative task list was prepared after reviewing pertinent career ladder publications and directives, and tasks from previous applicable OSRs. The preliminary task list was refined and validated through personal interviews with 10 Subject-Matter Experts (SMEs) selected to cover 2 operational bases plus 1 training unit at the following locations:

BASE**REASON FOR VISIT**

Ft Sam Houston TX
Academy of Health Sciences

Location of interservice apprentice
training course

Wright-Patterson AFB OH
74 Medical Group

Large USAF medical center

Lackland AFB TX
59 Medical Wing

Wilford Hall Medical Center is location
for final 8 weeks clinical training

Others contacted include Air Staff and MAJCOM functional managers, Air Force Personnel Center (AFPC) classification personnel, as well as the training manager, course supervisor, and Career Development Course Writer.

The resulting JI contains a comprehensive listing of 249 tasks grouped under 8 duty headings, with a background section requesting incumbents to indicate their grade, job title, time in present job, time in service, job satisfaction, and equipment and forms used in their present job.

Survey Administration

From December 1995 to March 1996, base training offices at operational bases worldwide administered the inventory to all eligible AFSC 4J0X1 personnel. Members eligible for the survey consisted of the total assigned 3-, 5-, 7-, and 9-skill level personnel. The final sample included one 9-skill level member; however, the data for that individual will not be reported. The following members were excluded from survey participation: (1) hospitalized personnel; (2) personnel in transition for a permanent change of station; (3) personnel retiring within the time the inventories were administered to the field; and (4) personnel in their jobs less than 6 weeks. Participants were selected from a computer-generated mailing list obtained from personnel data tapes maintained by AFPC.

Each individual completing the inventory first filled in an identification and biographical information section and then checked each task he or she currently performed on the job. After checking tasks performed, each individual rated tasks checked on a 9-point scale showing relative time spent on that task, compared to other tasks performed. The ratings range from 1 (very small amount time spent) to 9 (very large amount time spent).

To determine relative time spent for each task, all incumbent's ratings are assumed to account for 100 percent of job time. The ratings are, therefore, summed and each individual task rating is divided by the total of all task ratings and subsequently multiplied by 100 to provide a relative percentage of time spent on each task.

Survey Sample

Personnel were selected to participate in this study to ensure an accurate representation across MAJCOMs and paygrades. Table 1 reflects the percentage, by MAJCOM, of assigned and sampled AFSC 4J0X1 individuals. The 35 respondents in the final sample represent 67 percent of all assigned AFSC 4J0X1 personnel. The data are displayed showing assigned and sampled populations, based on the current MAJCOM structure. This table demonstrates that the sample closely approximates the MAJCOM representation of AFSC 4J0X1 members. Table 2 reflects the percentage distribution by paygrade groups. This table further emphasizes the sample accurately reflects the overall career ladder population.

SPECIALTY JOBS (Career Ladder Structure)

The first step in the analysis process is to identify the structure of the career ladder in terms of the jobs the respondents perform. The Comprehensive Occupational Data Analysis Programs (CODAP) assist by creating an individual job description for each respondent based on tasks performed and relative amount of time spent on tasks. The CODAP automated job clustering program then compares all individual job descriptions, locates the two descriptions with the most similar tasks and time spent ratings, and combines them to form a composite job description. In successive stages, CODAP either adds new members to this initial group, or forms new groups based on similarity of tasks and time spent ratings.

The basic group used in the hierarchical clustering process is the Job. When two or more jobs have a substantial degree of similarity, in tasks performed and time spent performing tasks, they are grouped together and identified as a Cluster. The structure of the career ladder is then defined in terms of jobs and clusters of jobs.

Overview of Specialty Jobs

Based on analysis of tasks performed and amount of time spent performing each task, three independent jobs (IJ) were identified. Figure 1 illustrates the jobs performed by AFSC 4J0X1 personnel.

A portion of these IJs is provided below. The STG (STG) number shown beside each title references computer printed information, while the letter "N" represents the number of personnel in each group.

I. MENTAL HEALTH INDEPENDENT JOB (STG02, N=10)

TABLE 1

MAJCOM REPRESENTATION OF SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
AETC	37	40
AFMC	25	31
AMC	23	14
PACAF	8	11
OTHER	7	4

TOTAL ASSIGNED = 52

TOTAL SURVEYED = 49

TOTAL IN SAMPLE = 35

PERCENT OF ASSIGNED IN SAMPLE = 67%

PERCENT OF SURVEYED IN SAMPLE = 71%

TABLE 2

PAYGRADE DISTRIBUTION OF SAMPLE

<u>PAYGRADE</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
E-1 to E-3	22	14
E-4	25	34
E-5	25	23
E-6	15	14
E-7	10	11
E-8	2	3

NOTE: Columns may not add to 100 percent due to rounding

OCCUPATIONAL THERAPY JOBS

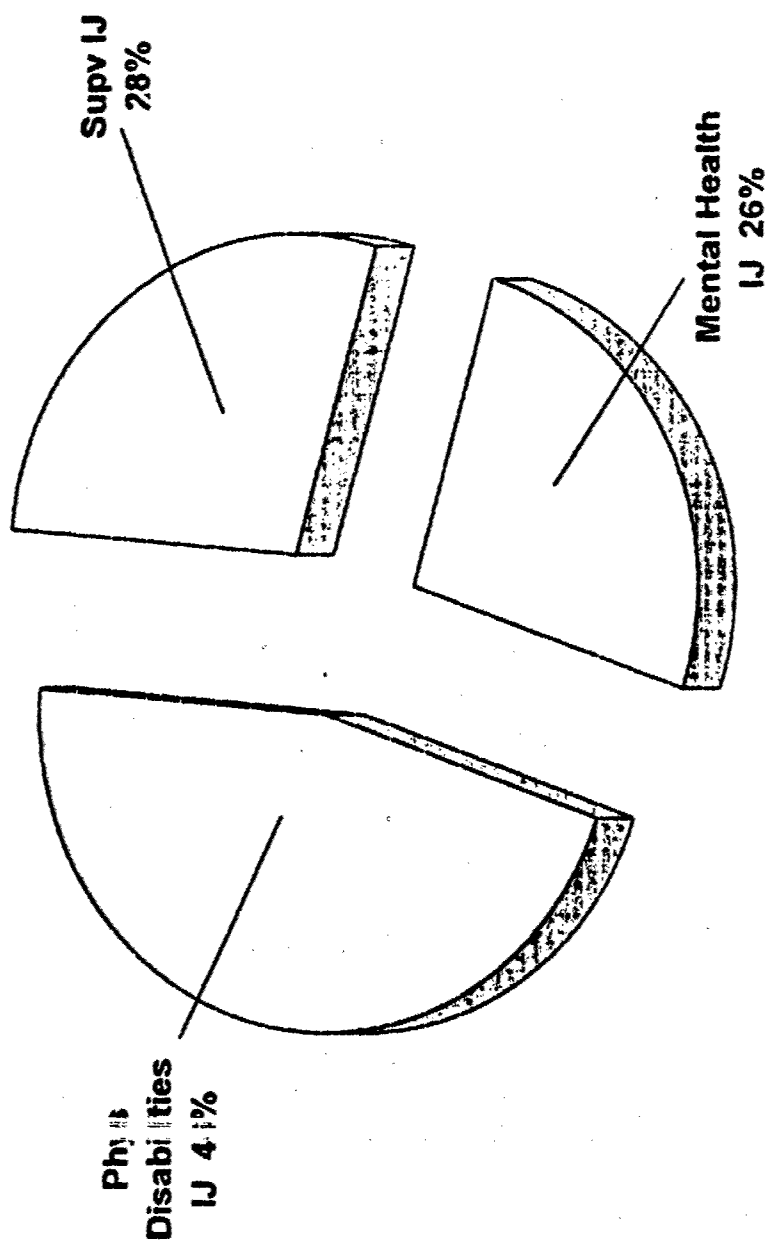


FIGURE 1

II. PHYSICAL DISABILITIES INDEPENDENT JOB (STG04, N=16)

III. SUPERVISORY INDEPENDENT JOB (STG13, N=9)

The respondents forming these groups account for 100 percent of the survey sample.

Group Descriptions

The following paragraphs contain brief descriptions of the three IJs identified in the career ladder structure analysis. Appendix A lists representative tasks performed by the identified IJs. Table 3 displays time spent on duties, while Table 4 provides demographic information on members in each job discussed in this report.

I. MENTAL HEALTH INDEPENDENT JOB (STG02). The 10 members of this job represent 26 percent of the total survey sample. The work performed by these incumbents deals with instructing patients in therapeutic activities such as arts and crafts. This group distinguishes itself due to the performance of tasks dealing with patients that have psychosocial dysfunction. Almost half of their time is spent performing therapy assessment or treatment of patients, with very little supervisory tasks performed (see Table 3). Representative tasks for members of this job include:

- instruct patients in use of craft kits
- apply methods to improve social interaction skills
- apply methods to improve play or leisure interests and skills
- apply methods to improve patients' self-concept
- apply methods to improve group interaction
- instruct patients in increasing awareness
- apply methods to improve community involvement skills
- apply methods to improve situational coping skills
- apply methods to improve concentration
- instruct patients in leather lacing
- instruct patients in leather carving
- instruct patients in art techniques

MENTAL HEALTH INDEPENDENT JOB	
Number of members	10
Percent of total sample	26%
Average number of tasks performed	57
Average time in present job	1 yr
Average time in career field	2.5 yrs
Average TAFMS	9.3 yrs
Predominant DAFSC	4J051
Predominant paygrades	E-4/E-6
Predominant MAJCOM	AJTC/ AFMC

TABLE 3

AVERAGE PERCENT TIME SPENT ON DUTIES BY CAREER LADDER JOBS

DUTIES	MENTAL. HEALTH II (SIG02)	PHYSICAL DISABILITIES II (SIG04)	SUPERVISORY II (SIG13)
A PERFORMING MANAGEMENT AND SUPERVISORY ACTIVITIES	6	4	27
B PERFORMING TRAINING ACTIVITIES	2	2	11
C PERFORMING GENERAL ADMINISTRATIVE AND TECHNICAL ORDER SYSTEM ACTIVITIES	12	9	8
D PERFORMING GENERAL SUPPLY AND EQUIPMENT ACTIVITIES	4	4	6
E PERFORMING THE RAPY ASSESSMENT OR TREATMENT OF PATIENTS	50	74	40
F ADMINISTERING STANDARD EVALUATION TESTS	2	2	2
G INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	19	3	4
H MAINTAINING THERAPEUTIC TOOLS AND EQUIPMENT	5	2	2

TABLE 4

SELECTED BACKGROUND DATA FOR AFSC 4J0X1 CAREER LADDER JOBS

	MENTAL HEALTH II	PHYSICAL DISABILITIES II	SUPERVISORY II
NUMBER IN GROUP	10	16	9
PERCENT OF SAMPLE	28%	46%	26%
DAFSC DISTRIBUTION:			
4J031	30%	31%	11%
4J051	50%	63%	11%
4J071	20%	6%	67%
PAYGRADE DISTRIBUTION:			
E-1 to E-3	20%	19%	0%
E-4	30%	56%	0%
E-5	20%	25%	22%
E-6	30%	0%	22%
E-7	0%	0%	44%
E-8	0%	0%	11%
AVERAGE NUMBER OF TASKS PERFORMED	57	90	156
AVERAGE MONTHS TAFMS	112	72	186
PERCENT IN FIRST ENLISTMENT	30%	50%	0%
PERCENT SUPERVISING	30%	19%	100%

The majority of personnel in this cluster, as seen in Table 4, hold the 5-skill level and average time in service, as measured by Total Active Federal Military Service (or TAFMS), for this group is just over 9 years. Incumbents have an average of 1 year in the career field and perform an average of only 57 tasks on the job, the least of any job.

II. PHYSICAL DISABILITIES INDEPENDENT JOB (STG04). This job is performed by the largest number of members in the specialty, accounting for 46 percent of the survey sample. Job incumbents spend approximately 75 percent of their time performing therapy assessment or treatment of patients (see Table 3). This group is distinguished from their counterparts in the Mental Health IJ as their focus is on patients with physical dysfunction. Representative tasks for members of this job include:

- write subjective or objective assessment plan (SOAP) progress notes
- fit patients for splints
- measure active range of motion (AROM) and passive range of motion (PROM) of elbows
- measure AROM and PROM of hands
- instruct patients on care of splints
- measure AROM and PROM of wrists
- fabricate static splints
- apply methods to improve range of motion
- apply methods to improve strength
- instruct patients on use of splints
- measure grip strength
- measure pinch strength

PHYSICAL DISABILITIES INDEPENDENT JOB	
Number of members	15
Percent of total sample	46%
Average number of tasks performed	90
Average time in present job	1.4 yrs
Average time in career field	3.6 yrs
Average TAFMS	6 yrs
Predominant DAFSC	4J051
Predominant pay grades	E-4
Predominant MAJCOM	AETC

Physical Disabilities job incumbents have the least amount of experience of the occupational therapy jobs, averaging only 6 years TAFMS (see Table 4), and are primarily assigned to AETC.

III. SUPERVISORY INDEPENDENT JOB (STG13). The 9 members of this job comprise 28 percent of the career ladder. These job incumbents spend 40 percent of their time performing therapy assessment or treatment of patients. They are distinguished from their counterparts in the other two jobs in that they spend more time performing management, supervisory and training tasks (see Table 3). Representative tasks for members of this job include:

- direct administrative functions
- supervise military personnel
- plan or schedule work assignments or priorities
- evaluate personnel for compliance with performance standards
- determine or establish work assignments or priorities
- evaluate safety or security programs
- establish performance standards for subordinates
- maintain administrative files
- assign personnel to work areas or duty positions
- maintain composite health care system (CHCS)
- develop or establish work methods or procedures
- determine training requirements

SUPERVISORY INDEPENDENT JOB	
Number of members	9
Percent of total sample	28%
Average number of tasks performed	156
Average time in present job	2.2 yrs
Average time in career field	7.9 yrs
Average TAFMS	15.5 yrs
Predominant DAFSC	4J071
Predominant paygrades	E-7
Predominant MAJCOM	AFMC

These incumbents are the most experienced in the career field, as they average 15.5 years TAFMS, the predominant paygrade is E-7 and 67 percent hold the 7-skill level (see Table 4). The Supervisory Job members perform an average of 156 tasks, which is much more than their counterparts in the other two jobs, as they are performing both technical and supervisory functions.

Comparison to Previous Study

The AFSC 4J0X1 career ladder structure has changed very little since the previous study (see Table 5). For the most part, the jobs themselves have remained very similar but whether survey, the three IJs that were identified appeared as individual clusters in the previous study.

TABLE 5

SPECIALTY JOB COMPARISONS BETWEEN CURRENT AND 1990 SURVEYS

<u>CURRENT SURVEY (N=35)</u>	<u>1990 (AFSC 913X1) SURVEY (N=48)</u>
MENTAL HEALTH IJ	MENTAL HEALTH CLUSTER
PHYSICAL DISABILITIES IJ	PHYSICAL DISABILITIES CLUSTER
SUPERVISORY IJ	SUPERVISORY CLUSTER

ANALYSIS OF DAFSC GROUPS

An analysis of DAFSC groups, in conjunction with analysis of the career ladder structure, is an important part of each occupational survey. DAFSC analysis examines differences in tasks performed between skill level members. This information may then be used to evaluate how well career ladder documents, such as AFMAN 36-2108 *Specialty Descriptions*, reflect what career ladder personnel are doing in the field.

The distribution of AFSC 4J0X1 skill-level groups across career ladder jobs is displayed in Table 6. Notice that most 3- and 5-skill level personnel are grouped within the Physical Disabilities, which makes sense as it is the largest job in the career ladder. As members progress to 7-skill level positions, they still tend to perform technical tasks; however, the majority of them are performing managerial and supervisory tasks such as those found in the Supervisory IJ. Table 7 offers another perspective by displaying relative percent time spent on each duty across skill-level groups. It can be noted that there is not much distinction between members of the 3- and 5-skill level groups, but that a clear distinction exists between these groups and the 7-skill level group.

Skill-Level Descriptions

DAFSC 4J031. The 9 3-skill level personnel, representing 26 percent of the survey sample, perform an average of 83 tasks. Most of these members were identified as belonging to the Physical Disabilities IJ (see Table 6). They spend the majority of their time performing therapy assessment or treatment of patients and 12 percent of their time performing general administrative and technical order system activities (see Table 7). Table 8, which shows tasks they perform, demonstrates the basic technical nature of their work.

DAFSC 4J051. The 16 5-skill level personnel, representing 46 percent of the survey sample, perform an average of 82 tasks. Similarly to the 3-skill level personnel, they perform work primarily in the Physical Disabilities job, which is the job performed by the largest number of career ladder incumbents (see Table 6). Table 7 shows they spend 65 percent of their time performing tasks in support of therapy assessment or treatment of patients. These members are distinguished from their 3-skill level counterparts in that they perform more tasks related to mental health and do not perform as many tasks dealing with equipment and supplies (see Table 10). Table 9 shows representative tasks performed by this group.

DAFSC 4J071. The 9 7-skill level personnel, representing 26 percent of the survey sample, perform an average of 135 tasks, more than the lower skill-level groups because they are supervisors and managers performing technical tasks as well. Table 6 shows they are found predominately in the Supervisory IJ. Table 7 describes the nature of their work as they spend 19 percent of their time performing management and supervisory activities in addition to the 8

TABLE 6

DISTRIBUTION OF SKILL-LEVEL MEMBERS
ACROSS CAREER LADDER JOBS (PERCENT)

JOB	DAFSC 4J031 (N=9)	DAFSC 4J051 (N=16)	DAFSC 4J071 (N=9)
MENTAL HEALTH IJ	33	31	22
PHYSICAL DISABILITIES IJ	56	63	11
SUPERVISORY IJ	11	6	67

TABLE 7

TIME SPENT ON DUTIES BY MEMBERS OF SKILL-LEVEL GROUPS
(RELATIVE PERCENT OF JOB TIME)

DUTY AREA	DAFSC 4J031 (N=9)	DAFSC 4J051 (N=16)	DAFSC 4J071 (N=9)
A PERFORMING MANAGEMENT AND SUPERVISORY ACTIVITIES	10	6	19
B PERFORMING TRAINING ACTIVITIES	2	2	8
C PERFORMING GENERAL ADMINISTRATIVE AND TECHNICAL ORDER SYSTEM ACTIVITIES	12	9	8
D PERFORMING GENERAL SUPPLY AND EQUIPMENT ACTIVITIES	6	4	4
E PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENT	61	65	47
F ADMINISTERING STANDARD EVALUATION TESTS	*	2	3
G INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	7	8	8
H MAINTAINING THERAPEUTIC TOOLS AND EQUIPMENT	2	3	2

* Denotes less than 1 percent

NOTE: Column may not add to 100 percent due to rounding

TABLE 8

REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J031 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=9)
E197 Write subjective or objective assessment plan (SOAP) progress notes	100
E147 Document patient performance	100
C77 Schedule patients for treatments	100
C62 Annotate patient treatment forms	89
E144 Develop therapeutic goals	89
C76 Schedule patients for evaluations or consultations	78
E136 Counsel patients and families on occupational therapy services	78
E180 Measure AROM and PROM of hands	78
E157 Instruct patients on care of splints	78
E152 Fabricate static splints	78
E183 Measure AROM and PROM of wrists	78
E109 Apply methods to improve strength	78
E102 Apply methods to improve play or leisure interests and skills	67
G225 Instruct patients in use of craft kits	56
E91 Apply methods to improve community involvement skills	56

TABLE 9

REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J051 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=16)
E197 Write subjective or objective assessment plan (SOAP) progress notes	94
C62 Annotate patient treatment forms	87
C77 Schedule patients for treatments	87
E147 Document patients performance	81
E108 Apply methods to improve social interaction skills	75
E101 Apply methods to improve patients' self-concept	75
E109 Apply methods to improve strength	75
E144 Develop therapeutic goals	75
E102 Apply methods to improve play or leisure interests and skills	69
E107 Apply methods to improve situational coping skills	69
E97 Apply methods to improve group interaction	69
E183 Measure AROM and PROM of wrists	69
E153 Fit patients for splints	69
E180 Measure AROM and PROM of hands	69
E103 Apply methods to improve range of motion	69

TABLE 10

TASKS WHICH BEST DIFFERENTIATE BETWEEN
DAFSC 4J031 AND DAFSC 4J051 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 4J031 (N=9)	DAFSC 4J051 (N=16)	DIFFERENCE
D82 Identify and report equipment or supply problems	89	50	39
E111 Assess hand mobility	44	6	38
A29 Plan briefings, conferences, or workshops	56	19	37
E142 Develop home treatment plans	56	19	37
F195 Select appropriate equipment	67	31	36
E139 Design static splints	78	44	34
A18 Evaluate maintenance or utilization of equipment, tools, parts, supplies, or workspace	44	19	25
E129 Conduct follow-up evaluations of sensorimotor skills and performance	44	19	25
D84 Initiate requisitions for equipment, tools, parts, or supplies	67	44	23
G214 Instruct patients in ceramic pinch techniques	22	0	22
F201 Administer or reevaluate leisure or play history surveys	11	50	-39
F155 Instruct patients on body positioning	33	62	-29
E132 Conduct functional evaluations of patients	22	50	-28
F94 Apply methods to improve coordination	22	50	-28
E93 Apply methods to improve conceptualization or comprehension	22	50	-28
F118 Assess performance of life roles	11	37	-26
F107 Apply methods to improve situational coping skills	44	69	-25
F170 Instruct patients on time management	44	69	-25
G218 Instruct patients in leather carving	44	69	-25
F186 Perform functional assessments of elbows	33	56	-23

percent of time spent in performing training tasks. Additionally, Table 11 shows the tasks are both supervisory and technical in nature. They are distinguished from their junior counterparts in that more of them perform supervisory tasks such as those listed in Table 12.

Summary

Three- and 5-skill level airmen spend the majority of their relative job time on therapy assessment or treatment of patients. Seven-skill level personnel are supervisors that perform technical functions as well.

ANALYSIS OF AFMAN 36-2108 *SPECIALTY DESCRIPTIONS*

Survey data were compared to AFMAN 36-2108 *Specialty Descriptions* for AFSC 4J0X1 Occupational Therapy Apprentice, Journeymen, Craftsmen and Superintendent, dated 31 October 1994. The descriptions for the 3-, 5-, and 7-skill level members were accurate, depicting technical aspects of the job, as well as the increase in supervisory responsibilities previously described in the DAFSC analysis. The descriptions also capture the primary responsibilities of job members identified in the job structure analysis.

TRAINING ANALYSIS

Occupational surveys provide information which can be used to assist in the development of training programs relevant to needs of personnel in their first-enlistment. Factors used to evaluate entry-level AFSC 4J0X1 training include duties performed by members across career ladder jobs and percentages of members performing specific tasks.

First-Enlistment Personnel

representing 31 percent of the survey sample. These personnel work primarily in the Physical Disabilities IJ (see Figure 2), and spend much of their time performing therapy assessment or treatment of patients (see Table 13). Some members are also found in the Mental Health IJ, however, no members with this level of experience work in the Supervisory IJ. Table 14 shows representative tasks performed by first-enlistment personnel, while Table 15 shows equipment used.

TABLE 11
 REPRESENTATIVE TASKS PERFORMED BY DAFSC 4J071 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=9)
E197 Write subjective or objective assessment plan (SOAP) progress notes	100
C62 Annotate patient treatment forms	100
C73 Review medical records of patients	100
E147 Document patient performance	89
B44 Conduct OJT	89
A26 Inspect personnel for compliance with military standards	89
C77 Schedule patients for treatments	89
G225 Instruct patients in use of craft kits	78
A3 Conduct general meetings, such as staff meetings, briefings, conferences, or workshops	78
G224 Instruct patients in slip-casting ceramics	78
A37 Supervise military personnel	78
A6 Determine or establish work assignments or priorities	78
E102 Apply methods to improve play or leisure interests and skills	67
E108 Apply methods to improve social interaction skills	67
E107 Apply methods to improve situational coping skills	67

TABLE 12

TASKS WHICH BEST DIFFERENTIATE BETWEEN
DAFSC 4J051 AND DAFSC 4J071 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 4J051 (N=16)	DAFSC 4J071 (N=9)	DIFFERENCE
A26 Inspect personnel for compliance with military standards	13	89	-76
B53 Evaluate personnel to determine training needs	13	78	-65
B47 Determine training requirements	13	78	-65
A32 Plan or schedule work assignments or priorities	13	78	-65
A19 Evaluate personnel for compliance with performance standards	13	78	-65
B58 Procure training aids, space, or equipment	13	78	-65
A27 Interpret policies, directives, or procedures for subordinates	13	78	-65
B56 Plan or schedule training	19	78	-59
B45 Conduct training conferences, briefings, or debriefings	19	78	-59
A29 Plan briefings, conferences or workshops	19	78	-59

AFSC 4J0X1 FIRST-ENLISTMENT PERSONNEL CAREER LADDER JOBS

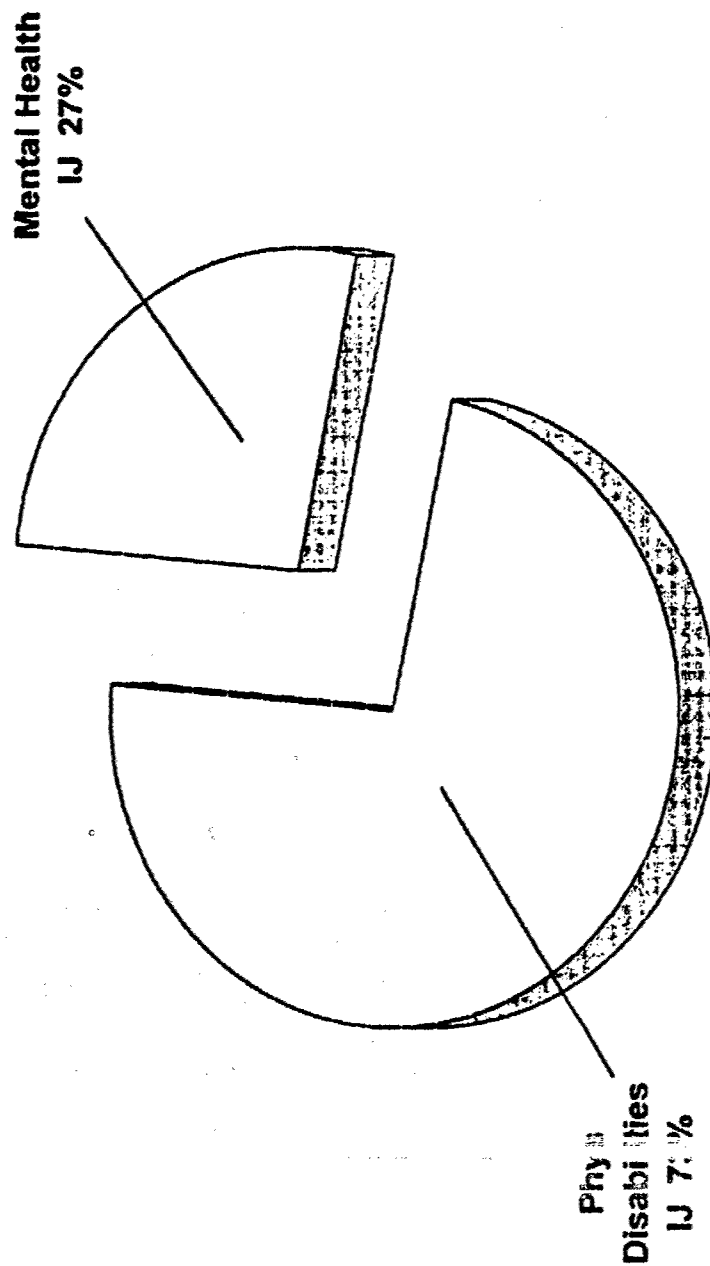


FIGURE 2

TABLE 13

RELATIVE PERCENT OF TIME SPENT ACROSS DUTIES BY
FIRST-ENLISTMENT AFSC 4J0X1 PERSONNEL

<u>DUTY AREA</u>	<u>PERCENT TIME SPENT</u>
A PERFORMING MANAGEMENT AND SUPERVISORY ACTIVITIES	4
B PERFORMING TRAINING ACTIVITIES	2
C PERFORMING GENERAL ADMINISTRATIVE AND TECHNICAL ORDER SYSTEM ACTIVITIES	11
D PERFORMING GENERAL SUPPLY AND EQUIPMENT ACTIVITIES	4
E PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS	67
F ADMINISTERING OR REEVALUATING STANDARD EVALUATION TESTS	1
G INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	8
H MAINTAINING THERAPEUTIC TOOLS AND EQUIPMENT	3

TABLE 14
REPRESENTATIVE TASKS PERFORMED BY
FIRST-ENLISTMENT AFSC 4J0X1 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=11)
E147 Document patient performance	100
C77 Schedule patients for treatments	100
E197 Write subjective or objective assessment plan (SOAP) progress notes	91
C62 Annotate patient treatment forms	91
C76 Schedule patients for evaluations or consultations	91
E109 Apply methods to improve strength	91
E152 Fabricate static splints	82
E153 Fit patients for splints	82
E180 Measure AROM and PROM of hands	82
E183 Measure AROM and PROM of wrists	82
E101 Apply methods to improve patients' self-concept	73
E97 Apply methods to improve group interaction	73
E108 Apply methods to improve social interaction skills	73
E102 Apply methods to improve play or leisure interests and skills	73
E96 Apply methods to improve endurance	73

TABLE 15

EQUIPMENT USED BY FIRST-ENLISTMENT
AFSC 4J0X1 PERSONNEL

EQUIPMENT	PERCENT 1ST ENL (N=11)
Hand Dynamometer	82
Heat Gun	73
Theraband	73
Theraputty	73
Thermal Plastic	73
Goniometer	64
Hydroculator	64
Pinch Meter	64
Ceramic Kiln	55
Slip Casting Machine	55
Tape Measure	55
Hand Tools	45
Refrigerator	45
Stove	45
Volumeter	45
Baltimore Therapeutic Equipment (BTE)	36
Band Saw	36
Drill Press	36
Microwave	36
Positioning/Sensory Integration Equipment	36
Theratube	36
Vibrator	36

Specialty Training Standard (STS) Analysis

A comprehensive review of the AFSC 913X1 STS, dated February 1986, was made by comparing survey data to STS elements. The STS for this career field has not been revised since the 1986 publication as changes have been minor and include updates to references, with the most recent change added June 1993. To assist specifically in the examination of the STS, SMEs in this career ladder matched JI tasks to appropriate sections and subsections of the STS. A complete listing, displaying percent members performing tasks along with STS matching, has been forwarded to the technical school for use in further review of training documents. STS elements with performance objectives were reviewed in terms of percent members performing information, using the guidance provided in AFI 36-2623 and AETCI 36-2601. Typically, tasks performed by 20 percent or more personnel in appropriate experience or skill-level groups, such as first-enlistment (1-48 months TAFMS), and 5- and 7-skill level groups, should be considered for inclusion in the STS. Likewise, tasks with less than 20 percent performing in all of these groups should be considered for deletion from the STS.

Review of the STS showed that there were no items unsupported by survey data. This indicates that the survey data supports the STS very well. Training personnel and SMEs should still review the STS survey data included in this report, as well as accompanying training documents, to determine if future revisions are warranted.

Tasks not matched to any element of the STS are listed at the end of the computer listing located in associated training documents. These were reviewed to determine if any tasks concentrate around particular functions or jobs. Many of the unreferenced tasks are managerial or supervisory in nature and not normally matched to an STS.

JOB SATISFACTION ANALYSIS

An examination of job satisfaction indicators can be very useful for career ladder managers as they attempt to determine possible factors affecting job performance of career ladder airmen. Job satisfaction data can be expanded to provide indications of general attitudes within specific DAFSC groups.

With this in mind, job satisfaction responses for AFSC 4J0X1 personnel were analyzed and provide the following comparisons: (1) among TAFMS groups of the AFSC 4J0X1 career ladder and a comparative sample of medical personnel surveyed in 1993; and (2) across specialty groups identified in the **SPECIALTY JOBS** section of the report.

Table 16 shows the comparison of TAFMS group data of AFSC 4J0X1 respondents to a comparative sample of other medical career ladders surveyed the previous year. These data provide a relative measure of how AFSC 4J0X1 personnel job satisfaction responses compare with similar Air Force specialties. Generally, Occupational Therapy personnel appear to be very

TABLE 16

COMPARISON OF JOB SATISFACTION INDICATORS FOR AFSC 410X1
TAFMS GROUPS IN CURRENT STUDY TO A COMPARATIVE SAMPLE
(PERCENT MEMBERS RESPONDING)

	1-18 MONTHS TAFMS			49-96 MONTHS TAFMS			97+ MONTHS TAFMS		
	AFSC 410X1 (N=11)	COMP SAMPLE (N=518)		AFSC 410X1 (N=8)	COMP SAMPLE (N=427)		AFSC 410X1 (N=16)	COMP SAMPLE (N=725)	
EXPRESSED JOB INTEREST									
INTERESTING	82	86		88	87		100	84	
SO-SO	9	10		0	8		0	11	
DULL	9	4		0	5		0	5	
PERCEIVED USE OF TRAINING									
FAIRLY WELL TO PERFECT	82	89		88	91		100	90	
NONE TO VERY LITTLE	18	11		0	9		0	10	
PERCEIVED USE OF TRAINING									
FAIRLY WELL TO PERFECT	91	92		88	91		100	83	
NONE TO VERY LITTLE	9	8		0	9		0	17	
SENSE OF ACCOMPLISHMENT FROM JOB									
SATISFIED	91	51		88	63		94	69	
NEUTRAL	0	49		0	36		6	9	
DISSATISFIED	9	0		0	1		0	22	
REINFORCEMENT OF VALUES									
YES OR PROBABLY YES	27	51		50	81		50	77	
NO OR PROBABLY NO	73	49		50	9		25	9	
WILL RETIRE	0	0		0	10		25	14	

NOTE: Columns may not add to 100 percent due to rounding or nonresponse.
Comparative data are from Medical AFSCs surveyed in 1995: 4A2X1, 410X1, and 4T0X2

satisfied with their jobs as do the members of a comparative sample. The 97+ Months TAFMS group are the most satisfied; however, the reenlistment intentions for all AFSC 4J0X1 TAFMS groups are much lower than their counterparts in the comparative sample. The group least likely to reenlist are the personnel in their first enlistment. This is due to the fact that these personnel are very marketable outside the military. Upon receiving training and experience in the military it is profitable for them to seek employment in the civilian sector, thereby resulting in low reenlistments for this career ladder.

In addition, job satisfaction data for identified jobs are provided in Table 17. Generally, job satisfaction data are moderately high for personnel in the Mental Health IJ, but extremely high for the Physical Disabilities and Supervisory IJs. However, the reenlistment intentions are low for the Mental Health and Physical Disabilities IJs, again due to opportunities to move directly into civilian jobs upon leaving the military.

Summary

Overall, AFSC 4J0X1 members appear to be as satisfied with their jobs as members of a comparative sample of medical career ladder personnel, however, reenlistment intentions are lower. Job satisfaction data of specific career ladder jobs shows most job members are very satisfied with their work, feel their talents and training are being properly utilized, find their work to be interesting, but do not show favorable responses towards reenlisting.

IMPLICATIONS

This survey was conducted primarily to provide training personnel with current information on the Occupational Therapy specialty for use in reviewing current training programs and training documents. Results indicate that the jobs have changed little since the last survey in 1990 and members follow a typical career progression pattern. The present classification structure, as described in AFMAN 36-2108 *Specialty Descriptions*, accurately portrays the jobs in this study. Analysis of career ladder documents indicates that the STS is supported very well by survey data, however, it should still be reviewed by career field functional managers and technical training SMEs. No serious job satisfaction problems appear to exist in this specialty. Overall, AFSC 4J0X1 members indicated a high level of job satisfaction as did members of a comparative sample of medical career ladder personnel.

The findings of this OSR come directly from survey data collected from AFSC 4J0X1 personnel. These data are readily available to training and utilization personnel, functional managers, and other interested parties. Much of the data are compiled into extracts which are excellent tools in the decision-making process. These data extracts should be used when training or utilization decisions are made.

TABLE 17

JOB SATISFACTION INDICATORS FOR AFSC 410X1 JOBS
(PERCENT MEMBERS RESPONDING)

	MENTAL HEALTH IJ (N=10)	PHYSICAL DISABILITIES IJ (N=16)	SUPERVISORY IJ (N=9)
<u>EXPRESSED JOB INTEREST</u>			
INTERESTING	70	100	100
SO-SO	10	0	0
DULL	10	0	0
<u>PERCEIVED USE OF TALENTS</u>			
FAIRLY WELL TO PERFECT	70	100	100
NONE TO VERY LITTLE	20	0	0
<u>PERCEIVED USE OF TRAINING</u>			
FAIRLY WELL TO PERFECT	80	100	100
NONE TO VERY LITTLE	10	0	0
<u>SENSE OF ACCOMPLISHMENT FROM JOB</u>			
SATISFIED	80	94	100
NEUTRAL	0	6	0
DISSATISFIED	10	0	0
<u>REENLISTMENT IN UNIONS</u>			
YES OR PROBABLY YES	40	31	78
NO OR PROBABLY NO	40	56	22
WILL RETIRE	20	13	0

NOTE: Column totals may not add to 100 percent due to rounding or nonresponse

APPENDIX A

**SELECTED REPRESENTATIVE TASKS PERFORMED BY
MEMBERS OF CAREER LADDER JOBS**

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TABLE A1

MENTAL HEALTH INDEPENDENT JOB

TASKS	PERCENT MEMBERS PERFORMING
G225 Instruct patients in use of craft kits	100
E108 Apply methods to improve social interaction skills	100
E101 Apply methods to improve patients' self-concept	100
E97 Apply methods to improve group interaction	100
C77 Schedule patients for treatments	100
E102 Apply methods to improve play or leisure interests and skills	90
E197 Write subjective or objective assessment plan (SOAP) progress notes	90
C62 Annotate patient treatment forms	90
G224 Instruct patients in slip-casting ceramics	80
E91 Apply methods to improve community involvement skills	80
E107 Apply methods to improve situational coping skills	80
E92 Apply methods to improve concentration	80
G219 Instruct patients in leather lacing	80
G218 Instruct patients in leather carving	80
C76 Schedule patients for evaluations or consultations	80
E147 Document patient performance	70
E144 Develop therapeutic goals	70
G212 Instruct patients in art techniques	70
E136 Counsel patients and families on occupational therapy services	70
E96 Apply methods to improve endurance	60

TABLE A2
PHYSICAL DISABILITIES INDEPENDENT JOB

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
E197 Write subjective or objective assessment plan (SOAP) progress notes	100
E153 Fit patients for splints	100
E180 Measure AROM and PROM of hands	100
E157 Instruct patients on care of splints	100
E183 Measure AROM and PROM of wrists	100
E103 Apply methods to improve range of motion	100
E109 Apply methods to improve strength	100
E172 Instruct patients on use of splints	100
E184 Measure grip strength	100
E182 Measure AROM and PROM of thumbs	100
E185 Measure pinch strength	100
E113 Assess edema of upper extremities	100
E152 Fabricate static splints	94
E147 Document patient performance	94
E165 Instruct patients on joint protection	94
C62 Annotate patient treatment forms	87
E177 Measure active range of motion (AROM) and passive range of motion (PROM) of elbows	87
E144 Develop therapeutic goals	81
E189 Perform functional assessments of wrists	81
C77 Schedule patients for treatments	81

TABLE A3
SUPERVISORY INDEPENDENT JOB

TASKS	PERCENT MEMBERS PERFORMING
A37 Supervise military personnel	100
A32 Plan or schedule work assignments or priorities	100
A19 Evaluate personnel for compliance with performance standards	100
A6 Determine or establish work assignments or priorities	100
A11 Establish performance standards for subordinates	100
A1 Assign personnel to work areas or duty positions	100
A18 Evaluate maintenance or utilization of equipment, tools, parts, supplies, or workspace	100
A27 Interpret policies, directives, or procedures for subordinates	100
B47 Determine training requirements	100
E197 Write subjective or objective assessment plan (SOAP) progress notes	100
B53 Evaluate personnel to determine training needs	100
A8 Direct administrative functions	89
A22 Evaluate safety or security programs	89
C70 Maintain administrative files	89
C71 Maintain composite health care system (CHCS)	89
A20 Evaluate personnel for promotion, demotion, reclassification, or special awards	89
A7 Develop or establish work methods or procedures	89
A21 Evaluate procedures for storage, inventory, or inspection of property items	89
E147 Document patient performance	89
A3 Conduct general meetings, such as staff meetings, briefings, conferences, or workshops	89